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 ** FOREIGN APPLICATIONS ***** *Name* *JNS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	OH	2	30	3
<i>JNS</i> Initials				

ADDRESS

27081
 OWENS-ILLINOIS, INC.
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 43666

TITLE

Child-resistant package

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